

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR CERTIFICATION AS A NEW CHEMICAL DEPENDENCY SERVICE PROVIDER

INTRODUCTION

Provider certification is mandated by state laws, Revised Codes of Washington (RCW), when a provider intends to:

- Contract with DSHS for the provision of chemical dependency treatment services as required by RCW 70.96A.045;
- Represent itself as a state-certified chemical dependency treatment agency (RCW 70.96A.090 prohibits treatment programs from advertising or representing itself as an approved treatment program if approval has not been granted);
- Provide deferred prosecution assessments and treatment under RCW 10.05; or,
- Provide chemical dependency assessment, education, or treatment to persons required by the Department of Licensing for Driving Under the Influence (DUI) or in physical control of a motor vehicle under RCW 46.61.

Application requirements are detailed in Washington Administrative Code (WAC) 388-805-015. Applications are screened for completeness in the order received. If applications are found to be incomplete, processing is suspended until we receive all the required information. Complete applications are assigned to Division of Alcohol and Substance Abuse (DASA) Certification Specialists for review in the order received.

A DASA Certification Specialist will conduct an initial review for content within 30 days from the date received. The purpose of the initial review is to determine whether or not the application contains all the information and/or materials necessary for review, and approval. The applicant will be notified of any missing information and/or materials at the time of completion of the initial review. The assigned certification specialist will then conduct a more detailed review within 60 days of the date received. The purpose of the detailed review is to evaluate the agency policy and procedure manuals, sample client records, and all other application information and materials that is available at that time. Normally, the assigned certification specialist can make a certification decision within 60 days of receipt. Delays in certification are usually the result of incomplete or inadequate application information and/or materials.

A separate application needs to be completed for each separate location at which services are proposed to be delivered.

Return the completed original application form, one copy of the items required in **PART 5**, and the nonrefundable \$500 application fee to the attention of:

Robert Geissinger, CCDCIII, Certification Specialist
Certification Section
Department of Social and Health Services
Division of Alcohol and Substance Abuse
Post Office Box 45330 (Mail Stop 45330)
Olympia, Washington 98504-5330

Please do not return these instructions with your application.

You are encouraged to submit a complete application, including all policies, procedures, and other

documentation as early in the application process as possible. However, you may wish to wait to obtain your facility and staff to avoid incurring facility and staff costs while your application is pending review and approval.

Certification will be granted only to applicants demonstrating that they are prepared to operate in compliance with all applicable federal, state, and local regulations.

Significant deficiencies can result in delays of department approval. The application form and required materials are tools for evaluating applicant readiness for certification. The reviewing DASA Certification Specialist will determine if the extent of the deficiencies must be corrected prior to certification or as a part of a corrective action process following approval.

PART 1 – AGENCY INFORMATION

1. Indicate the name of the agency to be certified, as you would want it listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State.
2. Use the second line to indicate additional organizational titles necessary for a correct address. (For example, for the Division of Alcohol and Substance Abuse, the second line would read Certification Section).

Example:

Addiction Recovery Services (1st line)
ABC Medical Center (2nd line)

Or,

ABC Medical Center (1st line)
Addiction Recovery Services (2nd line)

3. Indicate the complete street address for the facility where the agency intends to provide certified chemical dependency services. This address must be the address for the actual physical location where certified services will be provided. The street address will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State. Post office boxes or other locations are not acceptable for the street address.

If the facility has not been selected at the time the application is submitted, then indicate that the address will be provided at a later date.

You are not required to have a site at the time you submit the application. However, certification will not be issued until a suitable site has been selected and approved.

4. Indicate the complete mailing address where you want all correspondence to be directed.

Also indicate if the mailing address is to be used for the application process only or if it will also be used for the agency at time of certification and indicate whether or not the mailing address is a personal address.

The final mailing address will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State.

5. Indicate the complete telephone number including area code.

Also indicate if the telephone number is to be used for the application process only or if it will also be used for the agency at time of certification and indicate whether or not the telephone number is a personal telephone. If the agency telephone number has not been selected at the time the application is submitted, then indicate that the telephone number will be provided at a later date.

The final agency telephone number will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State. You may list up to two telephone numbers.

6. Indicate the complete fax number including area code.

Also indicate if the fax number is to be used for the application process only or if it will also be used for the agency at time of certification and indicate whether or not the fax number is a personal fax number.

The final fax number will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State.

7. Indicate the complete TDD (telecommunication devices for the deaf) number including area code.

Also indicate if the TDD number will be submitted at a later date.

The final TDD number will be listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State.

8. Indicate the e-mail address.

Also indicate if the internet e-mail address is to be used for the application process only or if it will also be used for the agency at time of certification and indicate whether or not the e-mail address is a personal e-mail address.

9. Indicate the on-site administrator's name. The on-site administrator is the person identified by the governing body as the person responsible for meeting the administrator requirements of WAC 388-805-145.

If the on-site administrator has not been selected at the time the application is submitted, then indicate that the name of the administrator will be provided later.

10. Indicate the clinical supervisor's name. The clinical supervisor is the person identified by the administrator as responsible for meeting the requirements of WAC 388-805-300(a-c).

If the clinical supervisor has not been selected at the time the application is submitted, then indicate that the name of the clinical supervisor will be provided later.

PART 2 – PROVIDER INFORMATION

Type of Ownership

Determine whether the ownership of the provider to be certified is public or private.

Put a check mark in the box that represents the provider's type of ownership.

Indicate the name of the provider.

Publicly-owned:

- **For city government**, indicate the name of the city;
- **For county government**, indicate the name of the county;
- **For state government**, indicate the name of the state agency seeking certification, such as Juvenile Rehabilitation Administration, or Department of Corrections;
- **For federal government**, indicate the name of the federal agency seeking certification, such as Department of the Army, Department of Veterans Affairs, or Department of the Navy;
- **For tribal government**, indicate the name of the tribe;
- **For a health district**, indicate the name of the health district, such as Spokane Regional Health District;
- **For an educational service district**, indicate the name of the service district, such as ESD 114;
- **For municipal court probation**, indicate the name of the city and municipal court;
- **For district court probation**, indicate the name of the county and district court.

Privately-owned:

- **For sole proprietorship**, indicate the name of the sole proprietor;
- **For partnership**, indicate the name of the partnership or partners;
- **For a limited liability company**, indicate the name of the company;
- **For a non-profit or for profit corporation**, indicate the corporate name.

Note: The name of a privately owned organization should be the same as listed on the Washington State Master Business License.

All providers:

Identify the provider's Federal Employer Tax Identification Number. Sole proprietors may use their Social Security Number instead.

Identify the person or entity that is the final authority for your organization and will be responsible for meeting the governing body requirements of WAC 388-805-140.

Note: This can be an entity such as a tribal council, county commissioners, corporate board, etc.

Privately owned providers only:

Identify the Washington State Uniform Business Identification (UBI) Number listed on the applicant's Washington State Master Business License.

PART 3 – CERTIFIED CHEMICAL DEPENDENCY SERVICES

Detoxification or residential service certification:

Put a check mark by all the services for which you are seeking certification. Then indicate the number total number of beds for each service requested. If you intend to focus the provision of services to a special group such as youth, women, offenders, adults, etc., then indicate in the space provided.

Non-residential service certification:

Put a check mark by all the services for which you are seeking certification. Then indicate the estimated number of persons your agency believes will be served annually for each service requested. If you intend to focus the provision of services to a special group such as youth, women, offenders, adults, etc., then indicate in the space provided.

A listing of services will be published in the Directory of State Certified Chemical Dependency Treatment Services in Washington State once the reviewing certification specialist grants certification.

PART 4- GOVERNMENT FUNDING

Indicate whether or not your organization currently receives government funds to provide chemical dependency services or if management intends to provide services funded by the government.

If yes, then indicate the source(s) of the funds, e.g., federal, state, tribal, county, criminal justice, or corrections.

Identify the certified chemical dependency treatment service(s) for which government funds are or may be provided.

PART 5 – MATERIALS TO BE SUBMITTED WITH THE APPLICATION

- A. Submit a complete list with the name, address, phone number, and title of each member of the organizational governing body. The organizational governing body consists of those persons who are responsible for the management of the organization and have the final decision making authority. This could be members of a corporate board, members of a tribal council, members of a city council, or county commissioners.

Example:

Name	Address	Telephone #	Title
Jane Doe	321 Recovery Ln.	(509) 765-4321	Board President

	Oxford, WA 98123		
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- B. **If privately owned**, submit a copy of the Washington State Master Business License, which authorizes the applicant to do business in this state.
- C. **If privately owned**, submit a list with the name, address, phone number, and percentage of ownership for each owner of five percent or more of the organizational assets.

Example:

Name	Address	Telephone #	Ownership Percentage
John Doe	123 Recovery Ln. Oxford, WA 98123	(509) 123-4567	25%

- B. **If privately owned**, submit a copy of the report of findings from a criminal background check as conducted by the Washington State Patrol and the last state of residence if the person has lived out-of-state within the past three years for any owner of five percent of the organizational assets. The background results must have been completed within the two years before the receipt of the application.
- C. Submit a copy of the report of findings from a criminal background check, as conducted by the Washington State Patrol and the last state of residence if the person has lived out-of-state within the past three years for the on-site agency administrator designated by the governing body. The background results must have been completed within the two years before the receipt of the application.
- D. **If planning to offer detoxification or residential service**, a copy of the Residential Treatment Facility or Hospital license issued by the Washington State Department of Health (DOH) Facilities and Services Licensing Division, or in cases of nursing home facilities, the Washington State Department of Social and Health Services (DSHS).

You can obtain an application and information related to fees by contacting the DOH Facilities and Services Licensing Division at the following address and telephone/fax numbers:

Facilities and Services Licensing
Post Office Box 4752
Olympia, WA 98504-7852
Telephones: (360) 705-6652, or 705-6628
Fax: (360) 705-6654

Note: DASA certification for residential chemical dependency services are contingent upon receipt of a copy of the Department of Health License or in the case of a nursing home facility, a license issued by the Department of Social and Health Services.

- E. Submit a complete copy of the agency administrative, personnel, and clinical manuals specific to the organization, agency, services, that will be in force at the proposed initial site. Do not submit the original copy of the manuals. Manuals must meet all applicable regulatory requirements. The organization and content of the manuals are evaluated as a means of determining the applicant's ability to meet applicable requirements. Manual deficiencies are often one of the leading causes for delays in certification. The reviewing Certification Specialist will determine if the extent of the deficiencies must be corrected before certification or as a part of a corrective action process following certification.

- F. Submit a copy of the agency fiscal policies and procedures as they relate to informing clients and patients of fees charged. Sometimes this is done in the form of a fee schedule. Sometimes this is done through an advisory form, signed by each individual patient, and maintained in the patient record.
- G. Submit evidence of having sufficient qualified staff to deliver the applied for certified chemical dependency treatment services. This information must include:
1. A copy of an organizational chart showing each staff position, including volunteers, students, and persons on contract, by job title, lines of responsibility, the full-time equivalency percentage for each position, and how the agency relates to any parent organization.
 2. A copy of the job description for the on-site administrator and each staff person who will be providing or supervising patient care.
 3. A copy of the current certificate of certification as a chemical dependency professional issued by the Washington State Department of Health (DOH) for each chemical dependency professional (CDP) to be employed by your organization at the proposed initial site. The wall certificate issued by DOH is not sufficient. The copy of the certificate must include the certification expiration date.

Note: Current DASA Certificates of Qualification as a Chemical Dependency Counselor will be accepted in lieu of the DOH CDP certificate submitted with applications received before June 30, 2001.

- B. **If applying as a municipal or district court probation office**, submit evidence of the employment of a probation assessment officer (PAO) that meets the requirements of WAC 388-805-220. Evidence should include copies of course transcripts, and training documentation, verification of supervised experience as a PAO trainee, and documentation of continuing education as required.
- C. **If applying for certification to provide alcohol/drug information school services**, then submit evidence of the employment of a qualified alcohol/drug information school instructor that meets the requirements of WAC 388-805-250. Acceptable evidence includes a copy of an individual's DASA issued Certificate of Qualification as an Alcohol/Drug Information School Instructor.
- D. Submit a sample record for each certified chemical dependency service applied for in this application. Each sample record should be based on a complete course of services provided to a hypothetical person. **Under no circumstance, submit copies of actual patient records. Do not send blank client records.** The submission of blank sample client records is one of the most common reason for delays in certification approval. Each record should be complete and include all the documentation required to demonstrate sound clinical practices and compliance with all regulatory requirements.

Sample record deficiencies are the leading cause for delays in approval and are one of the primary tools for evaluating applicant readiness for certification. The reviewing certification specialist will determine if the extent of the deficiencies must be corrected prior to certification or as a part of a corrective action process following approval.

- Sample **DUI client assessment** records should cover the entire course of the assessment.

- Sample **alcohol/drug information school** records should cover the hypothetical client's participation in and completion or dismissal from ADIS.
- Sample **outpatient** client records should cover a minimum of 3 months of treatment at that level of care, from admission to discharge. It is permissible to document 3 months of treatment, then to forward documentation to discharge of treatment. Sample records should include an after-care plan and discharge summary.
- Sample **intensive outpatient** client records should cover the entire course of treatment at that level of care, from admission to discharge. It is NOT permissible to document 3 months of treatment, then to forward documentation to discharge of treatment. Sample records should include an after-care plan and discharge summary.
- Sample **intensive inpatient** client records should cover the entire course of treatment at that level of care, from admission to discharge. Sample records should include an after-care plan and discharge summary.
- Sample **recovery house** client records should cover the entire course of treatment at that level of care, from admission to discharge. Sample records should include an after-care plan and discharge summary.
- Sample **long-term residential** client records should cover the entire course of treatment at that level of care, from admission to discharge. Sample records should include an after-care plan and discharge summary.
- Sample **detoxification** client records should cover the entire course of treatment at that level of care, from admission to discharge. Sample records should include an after-care plan and discharge summary.

B. Submit the following information related to the agency facility:

1. A completed Americans with Disabilities Act (ADA) Checklist for Existing Facilities.
2. A plan of the premises, which show that the chemical dependency treatment services are discrete from other, programs, and indicates the capacities of buildings for its intended uses. This is particularly important in facilities that are not self-standing such as office buildings, or offices that provide services other than chemical dependency treatment. Federal confidentiality regulations pertaining to chemical dependency treatment are more stringent than most other such requirements. Therefore, applicants and chemical dependency treatment providers should take sufficient precautions and measures to ensure chemical dependency patient confidentiality.

Additionally, chemical dependency treatment services must be in a manner that is separate and distinct from other services delivered at the same site. Providers of multiple services such as chemical dependency and mental health should develop a system that ensures protection of the confidentiality of chemical dependency treatment patients.

3. A floor plan showing the use of each room and the location of specific facility details as listed in WAC 388-805-015(2)(l)(i-vii). A sample floor plan has been included with this application. Blueprints are not required. Usually a hand drawn floor plan will suffice. Questions sometimes arise when floor plans do not include all the elements required by

regulations, or when there is not sufficient information such as room dimensions for the reviewer to evaluate the proposed site. This may result in delays in approval.

Another problem that comes up regularly is the site not having a reception area that is separate from treatment areas. This is apparent in cases where the agency entry area is sometimes used for group counseling, suggesting that some one walking in the front door could conceivably walk in to a group session in progress. Counseling areas must be confidential and discreet. Walls in counseling spaces should be floor to ceiling with soundproofing sufficient to prevent a normal conversation from being overheard through closed doors.

- N. **If applying for outpatient child care certification**, and the agency is licensed by the Department of Social and Health Services Division of Children and Family Services, provide a copy of the current license. *If the child care service is not currently licensed*, but the organization intends to apply to DSHS at a later date, please indicate below. *If the organization is seeking DASA certification for outpatient childcare*, then submit complete evidence of your agency meeting the requirements of WAC 388-805-900 through 935.
- O. **If your agency is accredited by a DASA recognized national chemical dependency accreditation body**, submit a copy of the current accreditation certificate. Also submit copies of the most recent survey findings and all follow-up correspondence.

Note: Your agency will not be eligible for deemed status under WAC 388-805-115 until your agency has been granted standard certification.

- P. **An application fee of \$500** must be submitted with this application, and must be in the form of a check or money order made out to the Department of Social and Health Services.
- Q. Submit a copy of the cover letter used to notify the county alcohol/drug coordinator where services will be provided, and a completed copy of the application form. Only send a copy of the application form itself. You do not need to provide the county coordinator with a copy of the application materials (manuals, licenses, staff certifications, etc.).

The alcohol and drug coordinator coordinates the delivery of publicly funded chemical dependency services in his/her respective county.

PART 6 – DECLARATIONS

Ensure you read the declarations carefully, and complete the signature block.

If there are any questions about this application, contact Bob Geissinger at (360) 438-8055, or by e-mail at geissrs@dshs.wa.gov

(f:\shared\certific\forms\120b, revised August 5, 2003)